

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/791,370
	Filing Date	March 1, 2004
	First Named Inventor	Lester D. Michels
	Title	DELIVERY SYSTEM AND METHOD
	Art Unit	3767
	Examiner Name	Wlitzak, Catherine
	Attorney Docket Number	0109/0035

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

21395

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☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on _____

SIGNATURE OF Applicant or Assignee of Record

Signature

Name

Date

Telephone

Title and Company

Vice President of R&D, Smiths Medical ASD, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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